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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. PF030034

First Inventor Tong

Title COMPACT WAVEGUIDE FILTER

Express Mail Label No. EV 405244969US

2264 U.S.PTO  
10/67295

012904

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 12]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 2]

5. Oath or Declaration [Total Sheets 2]  
a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:  
Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a.  Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i.  CD-ROM or CD-R (2 copies); or  
ii.  Paper  
c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9.  Assignment Papers (cover sheet & document(s))

10.  37 C.F.R. 3.73(b) Statement  Power of (when there is an assignee) Attorney

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)

16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

 Customer Number \_\_\_\_\_ OR  Correspondence address below

Name	JOSEPH S. TRIPOLI, PATENT OPERATIONS				
Address	THOMSON LICENSING INC.				
	P. O. BOX 5312				
City	PRINCETON	State	NJ	Zip Code	08543-5312
Country	USA	Telephone	609 - 734-6834	Fax	609 - 734-6888

Name (Print/Type)	Brian J. Cromarty		Registration No. (Attorney/Agent)	(See Limited recognition doc.)	
Signature				Date	29 JAN 2004

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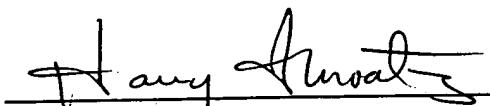
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UNITED STATE PATENT AND TRADEMARK OFFICE**

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**Expires: May 31, 2004**

  
\_\_\_\_\_  
Harry I. Moatz  
Director of Enrollment and Discipline

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

810

Complete if Known	
Application Number	Exp. mail: 405244969 US
Filing Date	
First Named Inventor	Tong
Examiner Name	
Art Unit	
Attorney Docket No.	PF030034

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				<b>3. ADDITIONAL FEES</b>				
Deposit Account Number		07-0832		Large Entity	Small Entity			
Deposit Account Name		THOMSON LICENSING INC.						
The Director is authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.								
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity		Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid		
1001	770	2001	385	Utility filing fee	770	1255	2,010	
1002	340	2002	170	Design filing fee		1401	330	
1003	530	2003	265	Plant filing fee		1402	330	
1004	770	2004	385	Reissue filing fee		1403	290	
1005	160	2005	80	Provisional filing fee		1451	1,510	
SUBTOTAL (1)				(\$ 770)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims		Extra Claims	Fee from below	Fee Paid				
13	-20 **	= 0	X	= 0	1809	770		
Independent Claims		2	-3 **	= 0	X	= 0	1810	770
Multiple Dependent				X		= 0	1806	180
Large Entity		Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid		
1202	18	2202	9	Claims in excess of 20	1801	770		
1201	86	2201	43	Independent claims in excess of 3	1802	900		
1203	290	2203	145	Multiple dependent claim, if not paid	1802	900		
1204	86	2204	43	** Reissue independent claims over original patent	1802	900		
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	1802	900		
SUBTOTAL (2)				(\$ 0)				
*Reduced by Basic Filing Fee Paid								
				SUBTOTAL (3) (\$ 40)				
Other fee (specify) _____								

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Brian J. Cromarty		Registration No. (Attorney/Agent)	(see limited rec. document)	Telephone	609 734 6804	
Signature					Date	29 JAN 2004	

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